



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: ADMINISTRATIVE REQUIREMENTS

Subject: Reimbursement

Reference: 37.40.1026 and 37.40.1135

PURPOSE

The following policy provides information to Agency-Based Community First Choice/Personal Assistance Service (AB-CFC/PAS) providers on the correct codes, modifiers and units to bill AB-CFC/PAS services.

REIMBURSEMENT

Payment to the provider agency is based on a unit rate for Personal Care Attendant (PCA) service and is set by the Department. PCA service means services provided by a PCA in accordance with the member's Service Plan (SLTC-170). If a PCA shows up to a home and the member is not available or refuses service the time is not billable to Medicaid. Medicaid should not be billed until third party insurance has been denied.

TYPE OF SERVICE

The CFC/PAS program has six different types of service that must be billed using different procedure codes.

1. Activities of Daily Living (ADL), Household Maintenance, Yard Hazard Removal, and Correspondence Assistance
 - a. One unit of ADL, Household Maintenance, Yard Hazard Removal and Correspondence Assistance is 15 minutes and means a PCA assisted a member with these tasks in the member's home. Only one unit of service can be billed for a given time period. The only exception for billing one unit per time period is when a PCA is training another PCA or when the member's Mountain Pacific Quality Health (MPQH) profile authorization indicates the need for two PCA to perform a task. In those cases two units of service may be billed for the same time period. The procedure code to bill this service is T1019.
 - b. A provider agency is eligible to bill this type of service when the service is authorized on the MPQH Service Profile (SLTC-155) or when the provider agency implements a

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temporary authorization.

2. Shopping for essential items and Community Integration

- a. One unit of Shopping and Community Integration is 15 minutes and means that a PCA assisted a member to, from, or during an approved Shopping or Community Integration activity. The service must be provided in the community. The procedure code to bill this service is S5126.
- b. A provider agency is eligible to bill this type of service when the service is authorized on the MPQH Service Profile or when the provider agency implements a temporary authorization.
- c. Shopping and Community Integration must be documented on the Service Delivery Record (SDR) according to policy (Refer to AB-CFC/PAS 708).
- d. A provider agency cannot bill for Community Integration unless the member meets level of care criteria and it is authorized by MPQH.

3. Skill Acquisition

- a. One unit of Skill Acquisition is 15 minutes and means that a PCA was required to assist a member in acquiring the skills to become independent in performing an approved ADL or Instrumental Activity of Daily Living (IADL) task. The service must be provided in conjunction with the ADL or IADL time authorized by MPQH on the service profile. The procedure code to bill this service is S5125.
- b. A provider agency is eligible to bill this type of service when the service has been authorized on the MPQH Service Profile, all of the required pre-planning documentation has been completed, and a temporary authorization has been completed (Refer to AB-CFC/PAS 721).
- c. A provider agency cannot bill for Skill Acquisition unless the member meets level of care criteria.

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4. Medical Escort

- a. One unit of medical escort services is 15 minutes and means that a PCA assisted a member to, from, or during an approved Medicaid medical appointment. The procedure code to bill medical escort is T2001.
- b. A provider agency is eligible to bill this type of service when the service has been authorized on the MPQH Service Profile or when the provider agency implements a temporary authorization.
- c. Medical escort must be documented on the SDR according to policy (Refer to AB-CFC/PAS 707).

5. Shopping and Community Integration Mileage

- a. One unit of Shopping and Community Integration mileage is one mile. Mileage may be billed when a PCA uses their own car to transport a member on an approved Shopping or Community Integration trip or to provide offsite laundry. The procedure code to bill mileage is A0080.
- b. Mileage must be documented on the mileage form according to policy (Refer to AB-CFC/PAS 708).

6. Medical Transportation Mileage

- a. One unit of Medical Transportation mileage is one mile. Medical Transportation mileage must be reimbursed through Medicaid Transportation. When Medicaid Transportation sends a notification letter indicating payment of Medical Transportation mileage will not be made based on a member failing to qualify for the mandatory \$5 monthly minimum and the PCA used their own car to transport the member the CFC/PAS provider agency may bill for those miles. The procedure code to bill Medical Transportation miles is S0215.
- b. Medical Transportation mileage must be documented on the mileage form according to policy (Refer to AB-CFC/PAS 707).

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- c. Medical Transportation mileage that could have been reimbursed through Medicaid Transportation will be recoverable.

FEE SCHEDULE

The Department's fee schedule can be accessed on the Montana Medicaid provider website located at:

<https://medicaidprovider.mt.gov/enduserproposedfs>.

PROCEDURE CODES

Procedure codes are established by the Department and are used by the provider agency to bill for services. Procedure codes for AB-CFC/PAS services include:

T1019 Activities of Daily Living (ADL), Household Maintenance, Yard Hazard Removal, and Correspondence Assistance

S5126 Shopping and Community Integration

S5125 Skill Acquisition

T2001 Medical Escort

A0080 Mileage (Shopping, Community Integration and offsite laundry)

S0215 Medical Transportation Mileage

MODIFIERS

TS - If a provider receives a timesheet from a PCA for dates of services already paid, a claim can be submitted with a TS modifier instead of adjusting the original claim. This is to be used only when increasing units and charges. The TS modifier cannot be used to bill more units and charges for nurse supervision.

UA - Claims submitted for Home and Community Based Services must include a UA modifier. The UA must be the first modifier followed with the TS modifier.